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Donald L. Runyon

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ADEMARIA	Amanda D.	(Depositor's name)	
			(Signature)
	(Date)		
FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.

3185

8E07.1-060

07/18/2003 TITLE OF INVENTION: VERTICAL ELECTRICAL DOWNTILT ANTENNA

1370.00 OP 300 00 ND FILING BOTTO OP

ATLANTA, GA 30342

FC: MALICATION NO.

10/623.379

10/05/2004 FMETEKI2 00000105 10623379

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1330		\$300	\$1630	12/23/2004		
EXAMINER		ART UNIT		CLASS-SUBCLASS	ן			
MULL, FRED H		3662		342-372000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents an amember a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) EMS Technologies, INC. Norcross, GA								
				patent): 🗖 Individual 🗶 C	orporation or other private gr	oup entity Government		
4a. The following fee(s) are	enclosed:	4b	. Payment of	` '				
Issue Fee	11 - 25 - 10 - 1 - 5		A check in the amount of the fee(s) is enclosed.					
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a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	□ b. Applie	cant is no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).		
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Authorized Signature	My	<u> </u>		Date OC	tober 1, 200	4		
Typed or printed name _	Michael J.	Mehrman		Registration	1 No. <u>40,086</u>			

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